



AUTHORITY TO RELEASE INFORMATION

State Form 49698 (4-00)

INDIANA PRIVATE DETECTIVE LICENSING BOARD
INDIANA PROFESSIONAL LICENSING AGENCY
INDIANA GOVERNMENT CENTER SOUTH
302 W. WASHINGTON STREET, ROOM E034
INDIANAPOLIS, INDIANA 46204

I, _____ having made application for licensing with the Private Detective Licensing Board and desiring that they be informed of my personal records pertinent to their investigation, hereby authorize an investigation into all records which may be of interest to them. This authorization includes, but is not limited to medical, school, credit, arrest and employment records, whether privileged or not. This authorization to furnish information is executed in consideration of the Private Detective Licensing Board giving my license application consideration and shall serve as a release of all liability to all parties furnishing such information to the Private Detective Licensing Board and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original copy.

Signature of applicant

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day

of _____, _____.

Signature of Notary

Printed name of Notary

Date commission expires (*month, day, year*)

County of residence of notary

NOTARY SEAL